HRSA Technical Assistance Webinar 108

Reducing Fear and Loathing of Evaluation—Making Good and Practical Evaluation Choices

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What does A-TrACC stand for?

The HRSA AHEC-Training and Consultation Center

What is it?

A contract with the National AHEC Organization (NAO) issued by HRSA

US. Department of Health and Human Services (HHS)

Health Resources and Services Administration (HRSA)

Bureau of Health Professions (BHPr)

Division of Public Health and Interdisciplinary Education (DPHIE)

Area Health Education Center (AHEC) Branch

AHEC Training and Consultation Center (A-TrACC)

Why?

The purpose of A-TrACC is to provide ongoing technical assistance to the national network of HRSA AHEC grantees and their affiliated centers with the objective of improving data collection, performance measurement and outcome evaluation of the individual grantees and the AHEC program nationally.

Today

- Program evaluation and typical “roadblocks” in doing good evaluation
- CDC’s Evaluation Framework as a way to surmount roadblocks
- How key Framework steps ensure strongest program evaluation
- Work through a simple case example

By end, be able to…

- Describe a utilization-focused evaluation
- Understand the importance of “thinking evaluatively”
- Recognize some common roadblocks to good evaluation and how to avoid them
- Describe how central engaging stakeholders is to strong evaluation and use of findings
- Recognize key steps in setting a strong evaluation focus

Why We Evaluate…

"... The gods condemned Sisyphus to endlessly roll a rock up a hill, whence it would return each time to its starting place. They thought, with some reason…

Why We Evaluate…

…there was no punishment more severe than eternally futile labor….”

The Myth of Sisyphus

Today's Focus

What Are Roadblocks That Get in the Way of Good Evaluation

Defining Evaluation

- ***Evaluation*** is the systematic investigation of the merit, worth, or significance of any *"object"*

  Michael Scriven

- ***Program*** is any organized public health action/activity implemented to achieve some result

Roadblock #6

Not understanding where evaluation “fits in” …

Integrating Processes to Achieve Continuous Quality Improvement

- Continuous Quality Improvement (CQI) cycle.
  - **Planning**—*What* actions will best reach our goals and objectives.
  - **Performance measurement**— How are we doing?
  - **Evaluation**—W*hy* are we doing well or poorly?

Roadblock #5

Making the “perfect” the enemy of the “good”

Every Little Bit Helps…

"…The biggest mistake is doing nothing because you can only do a little…"

Anonymous

Roadblock #4

Evaluating only what you can “measure”…

Measuring the Right Thing…

"…Sometimes, what counts can't be counted. And what can be counted doesn't count…."

Albert Einstein

You Get What You Measure…

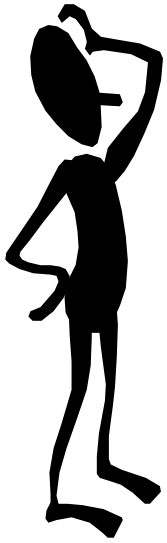
"…In Poland in the 1970s, furniture factories were rewarded based on pounds of product shipped. As a result, today Poles have the world's heaviest furniture…"

(New York Times, 3/4/99)

Roadblock #3

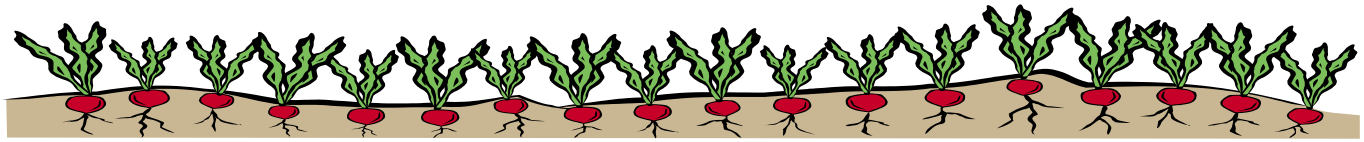
Neglecting intermediate outcomes….

Good evaluation broadens our focus:



***Not just*: Did it work?**

How many tomatoes did I get?

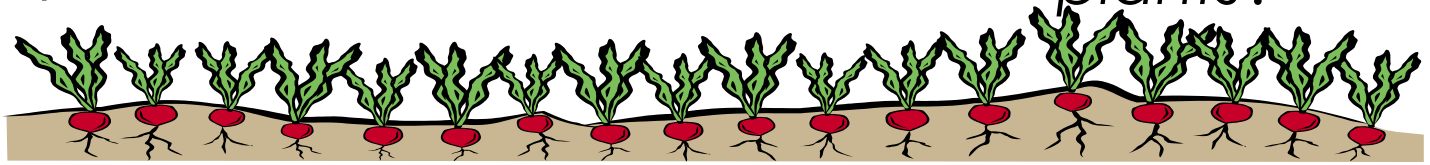


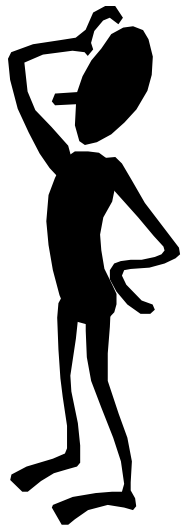
***But also*: Is it working?**

Are planting, watering, and weeding taking place?

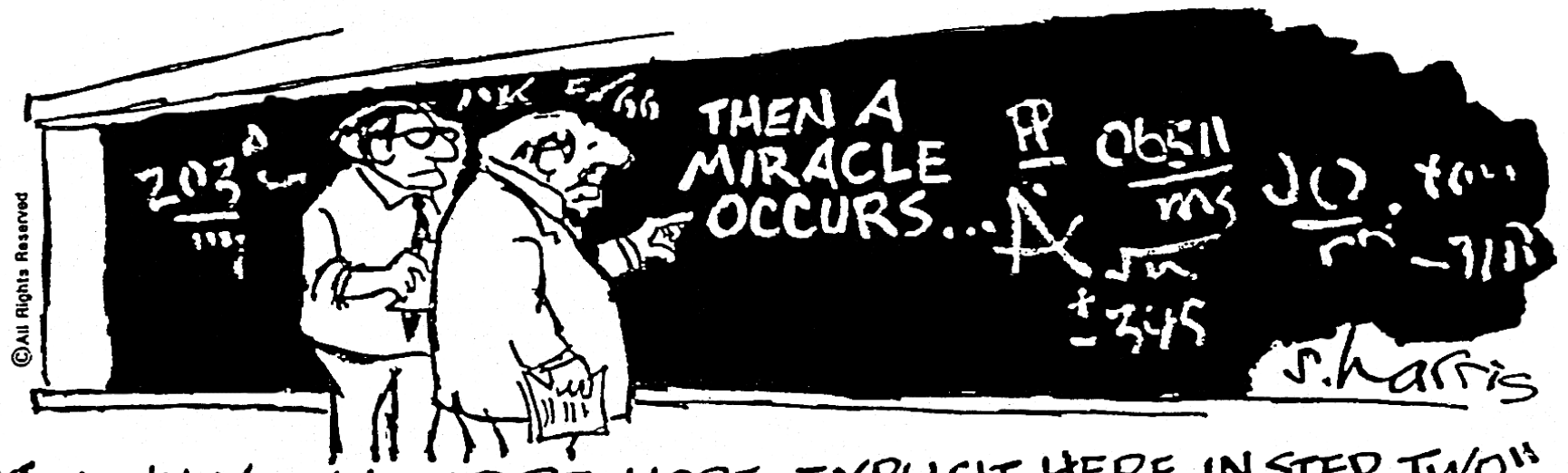
Have the blossoms "set"?

Are there nematodes on the plants?





Forgetting Intermediate Outcomes



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

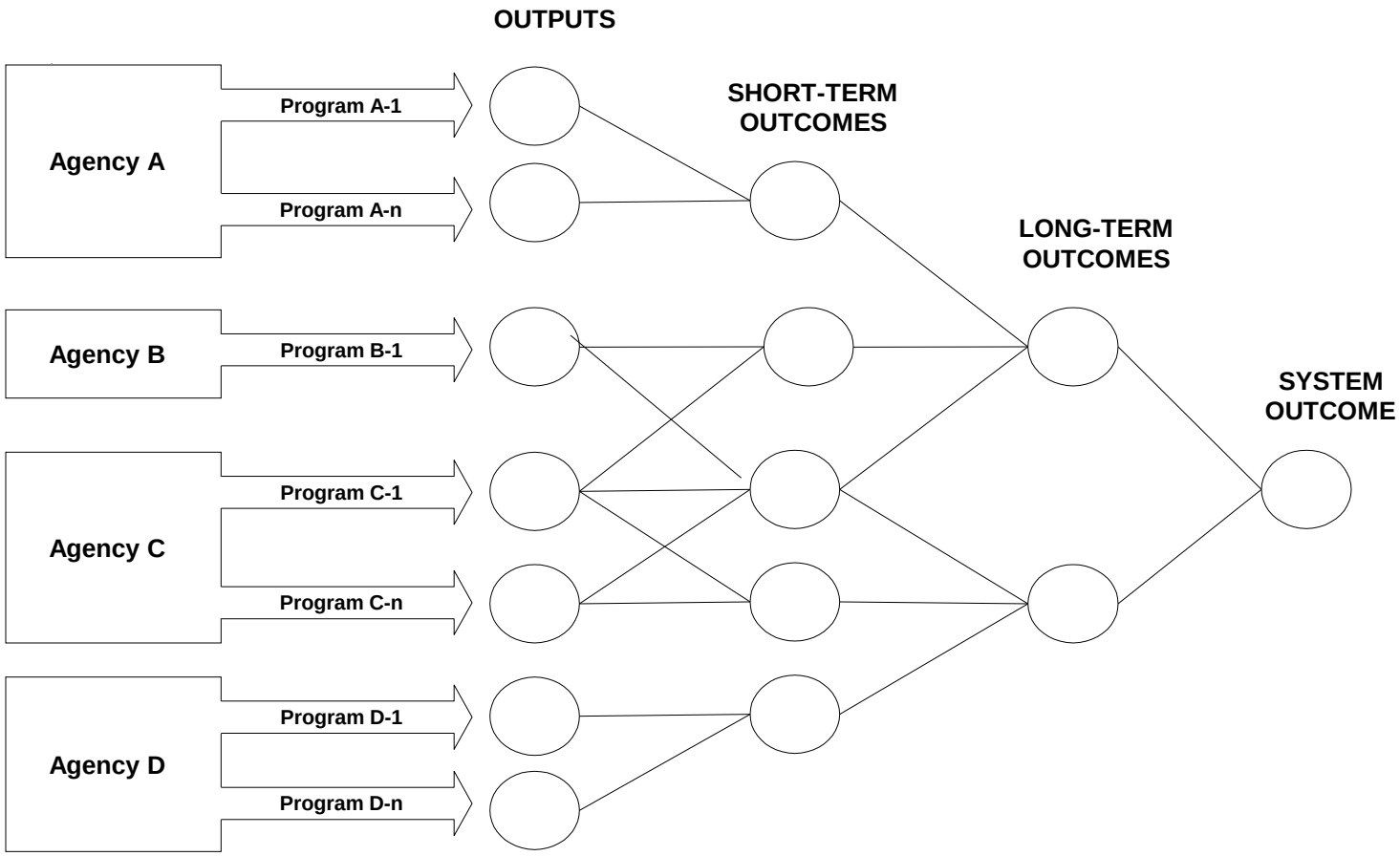
Finding Intermediate Outcomes

- What is the ultimate outcome I'm seeking?
- Who (besides me) needs to take action to achieve it?
- What action do they need to take?

Roadblock #2

Confusing attribution and contribution…

“Networked” Interventions



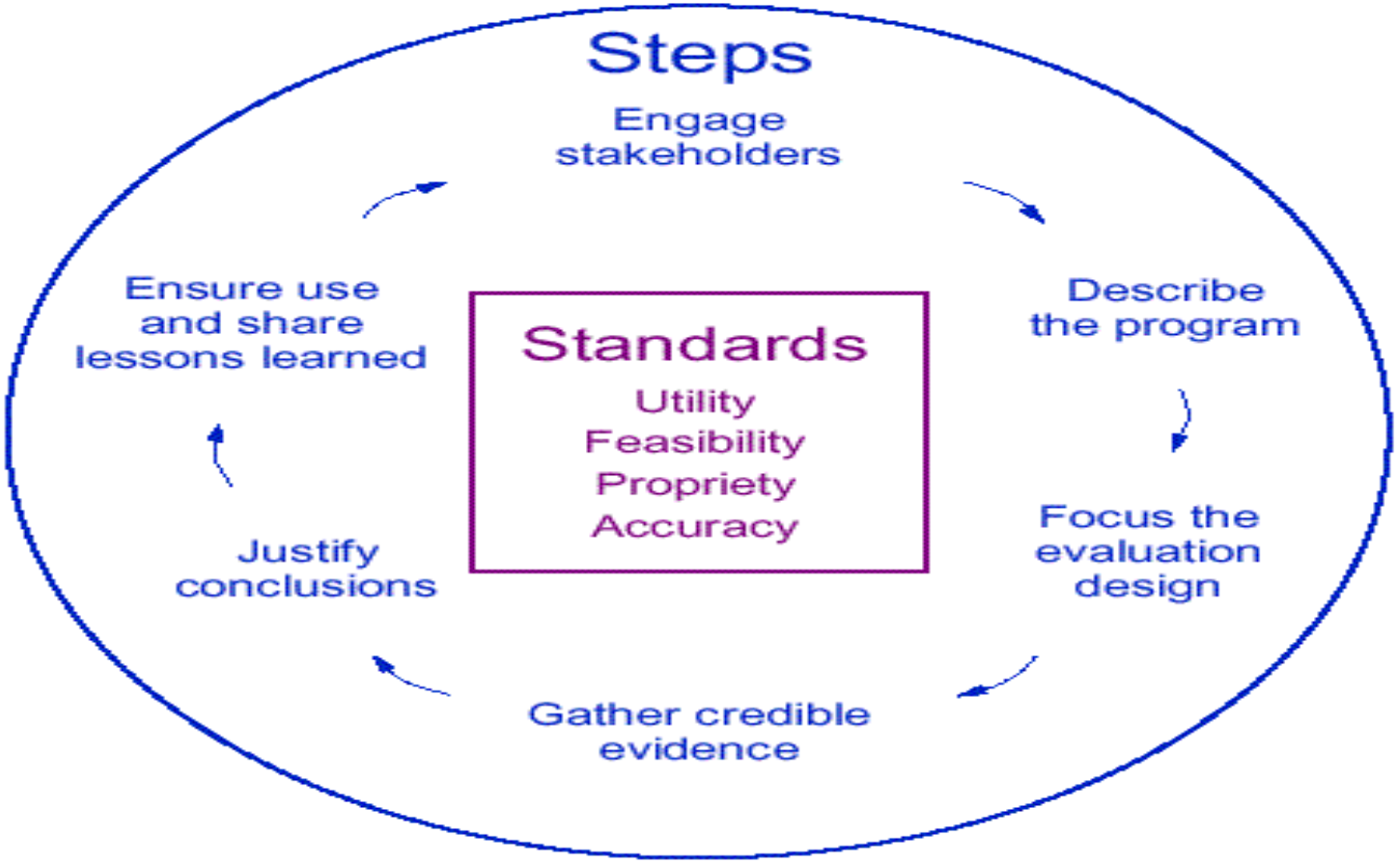
Roadblock #1

Not asking:

"Who (else) cares….."

Framework for Program Evaluation

FIGURE 1. Recommended framework for program evaluation



Enter th
Eval k

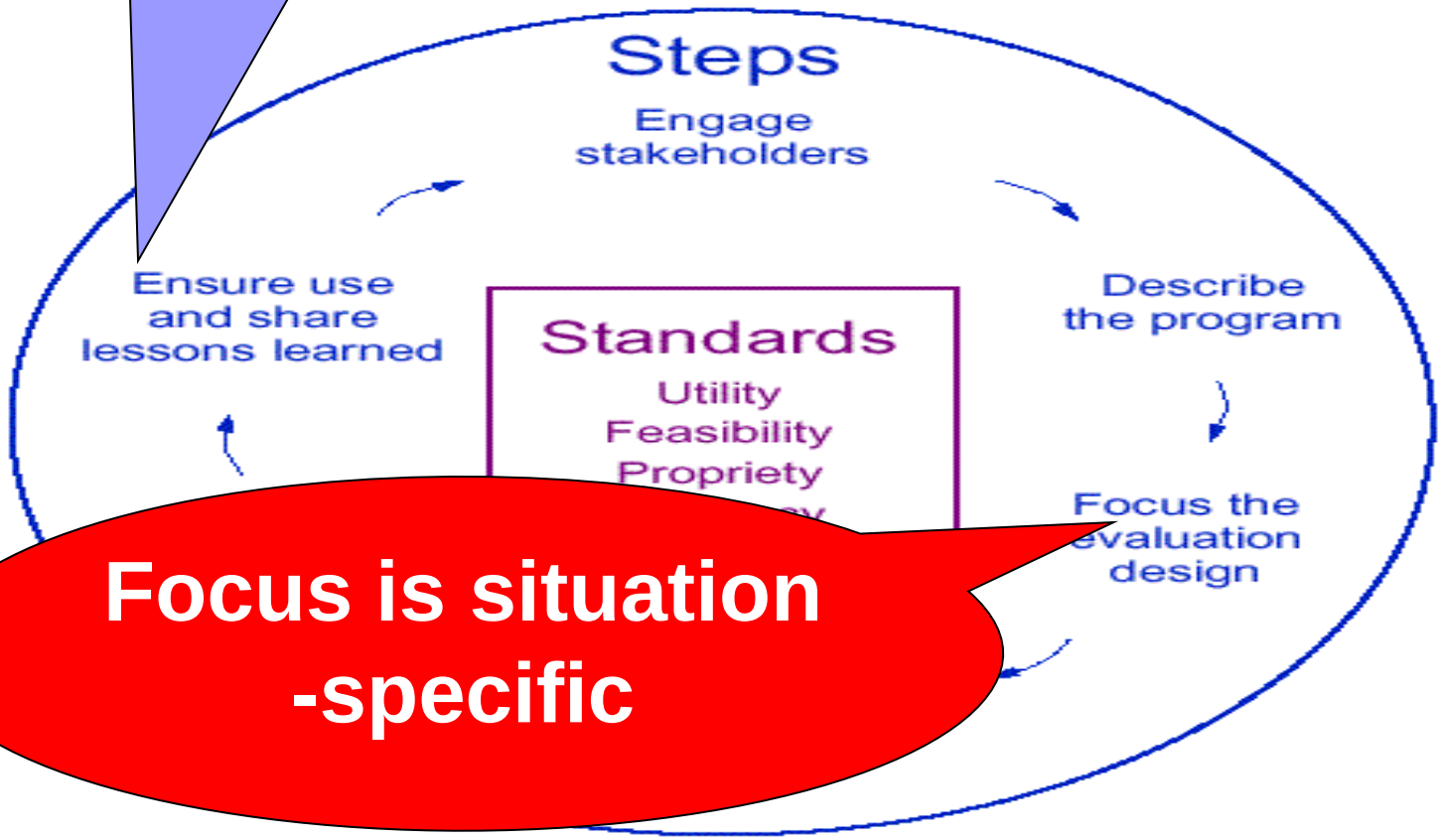
Good Monitoring and Evaluation (M&E) = use of findings

FIGURE 1.

Evaluation Framework

Good M&E= use of findings

FIGURE 1. R ended framework for program evaluation

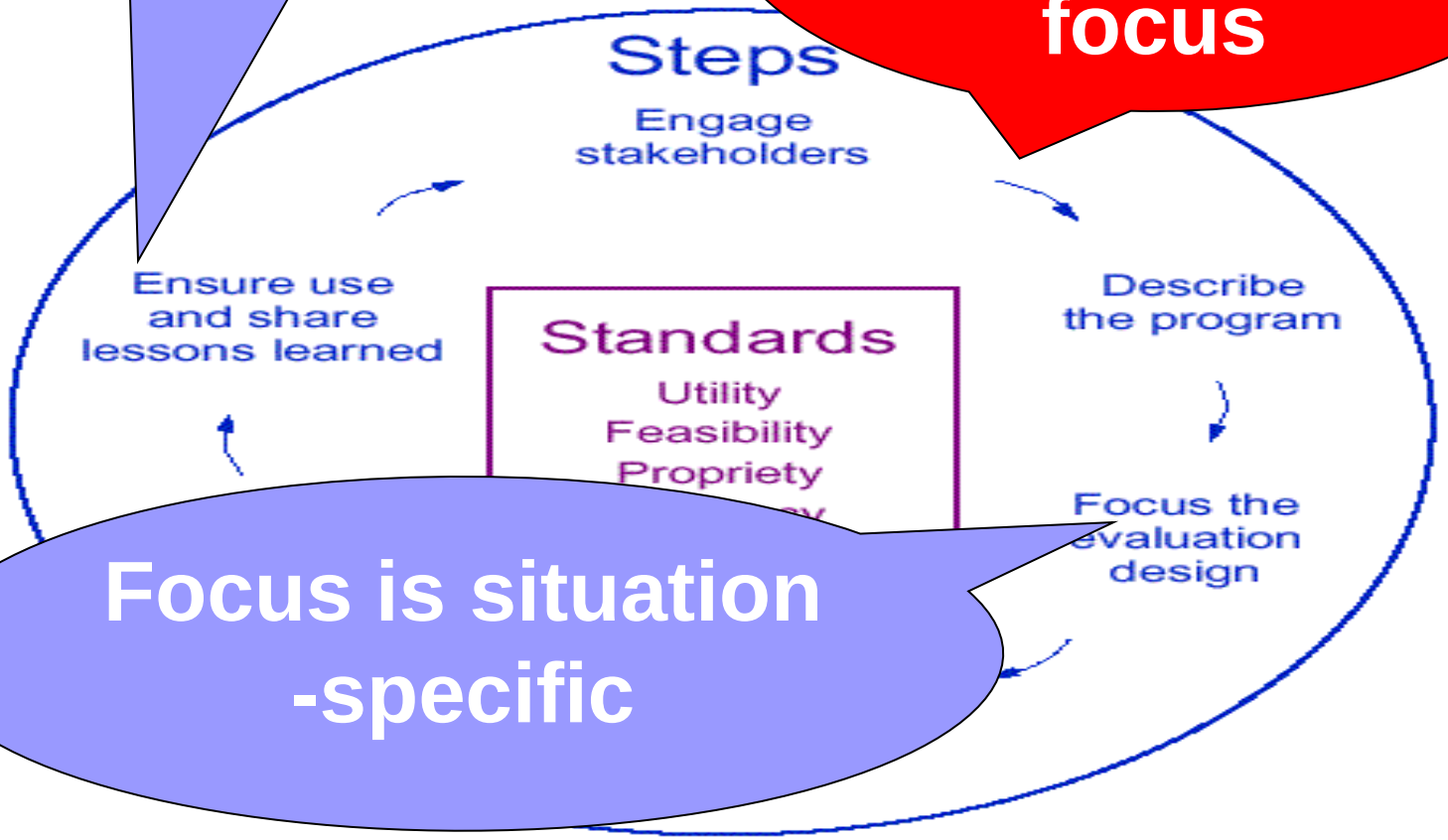


Focus is situation -specific

Good M&E = use of findings

Early steps key to best focus

FIGURE 1. R ended framework for



Focus is situation -specific

Underlying Logic of Steps

- ***No M&E is good unless***… results are ***used*** to make a difference
- ***No results are used unless***… a ***market*** has been created prior to creating the product
- ***No market is created unless***…. the M&E is ***well-focused***, including most relevant and useful questions
- ***And…***

Establishing the Best Focus Means…

- ***Framework Step 1:*** Identifying who cares about our program besides us? Do they define program and "success" as we do?"

- ***Framework Step 2:*** What are milestones and markers on the roadmap to my main PH outcomes?

The Four Standards

No one “right” evaluation. Instead, best choice at each step is options that maximize:

- ***Utility***: Who needs the info from this evaluation and what info do they need?
- ***Feasibility***: How much money, time, and effort can we put into this?
- ***Propriety:*** Who needs to be involved in the evaluation to be ethical?
- ***Accuracy:*** What design will lead to accurate information?

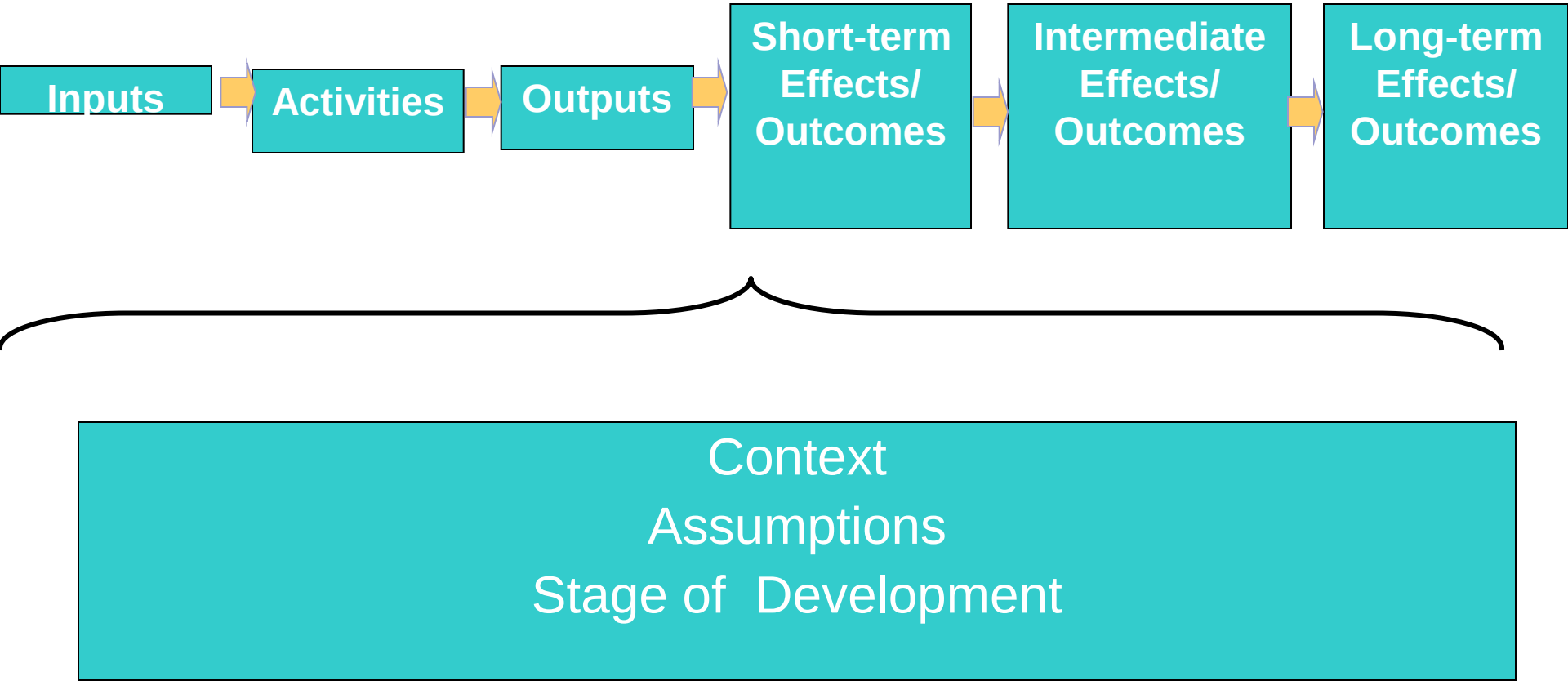
Step 2. A Fully Described Program or Intervention…

- Addresses an identified need
- Has an identified target group(s)
- Has specific intended outcomes/objectives in mind
- Includes activities relevant to those outcomes/objectives
- Specifies the relationship between activities and objectives

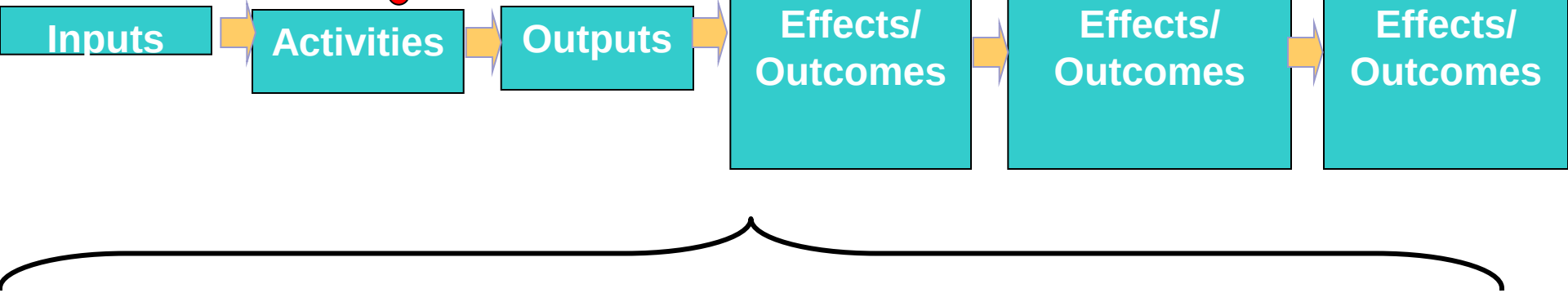
Logic Models and Program Description

- ***Logic Models :*** *Graphic depictions of the* ***relationship*** *between your program's activities and its* ***intended*** *effects*

Step 2: Describing the Program: Complete Logic Model

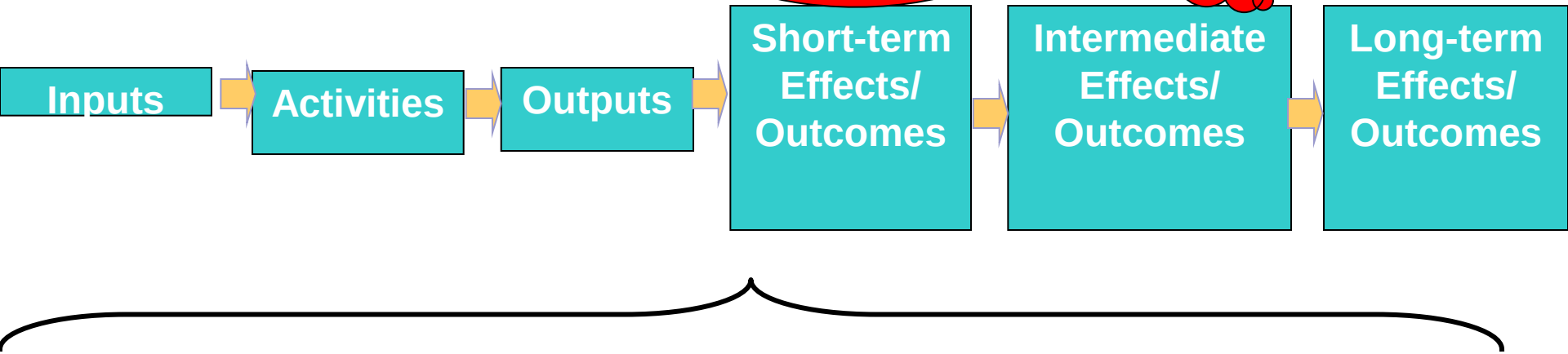


What the program and its staff actually do



Context
Assumptions
Stage of Development

Results of activities: Who/what will change?



Context
Assumptions
Stage of Development

AHEC Health Workforce Development Continuum

Reducing health disparities by improving the supply, diversity, distribution and quality of the nation's health care workforce.

AHEC is a national community-based network that improves the health of communities through health workforce development based upon community need.

*Language from 2010 Authorization
** Language from BHPr Report

CORE Outcomes

1. Pre-professional program participants who increased their **knowledge of health careers**.
2. Pre-professional program participants who declared their **intention to pursue health career**.
3. Pre-professional program participants who **matriculated into health professions training** programs.
4. Former pre-professional participants who **completed health professions training** programs.
5. Former pre-professional participants who began **practicing in underserved area**.
6. Med student participants in AHEC training rotations who began **primary care residencies**.
7. Training rotation participants who declared an **intention to provide care to underserved populations**.
8. Former training rotation participants who **began practicing in an underserved area**.
9. Program participants who **began practice in underserved areas**.
10. Health professionals who declared the AHEC CE program contributed to **retaining their license or certification**.

Activities and Outcomes: AHEC

Activities

- HCCP
- Career exploration; Pipeline; K-12; Post –secondary
- CBSE
- Clinical experiences; Inter-professional education; Preceptorships
- PES
- Continuing ed; Support; Prof develop; CB research; Re-training
- LINKS
- Community partners; Academic centers

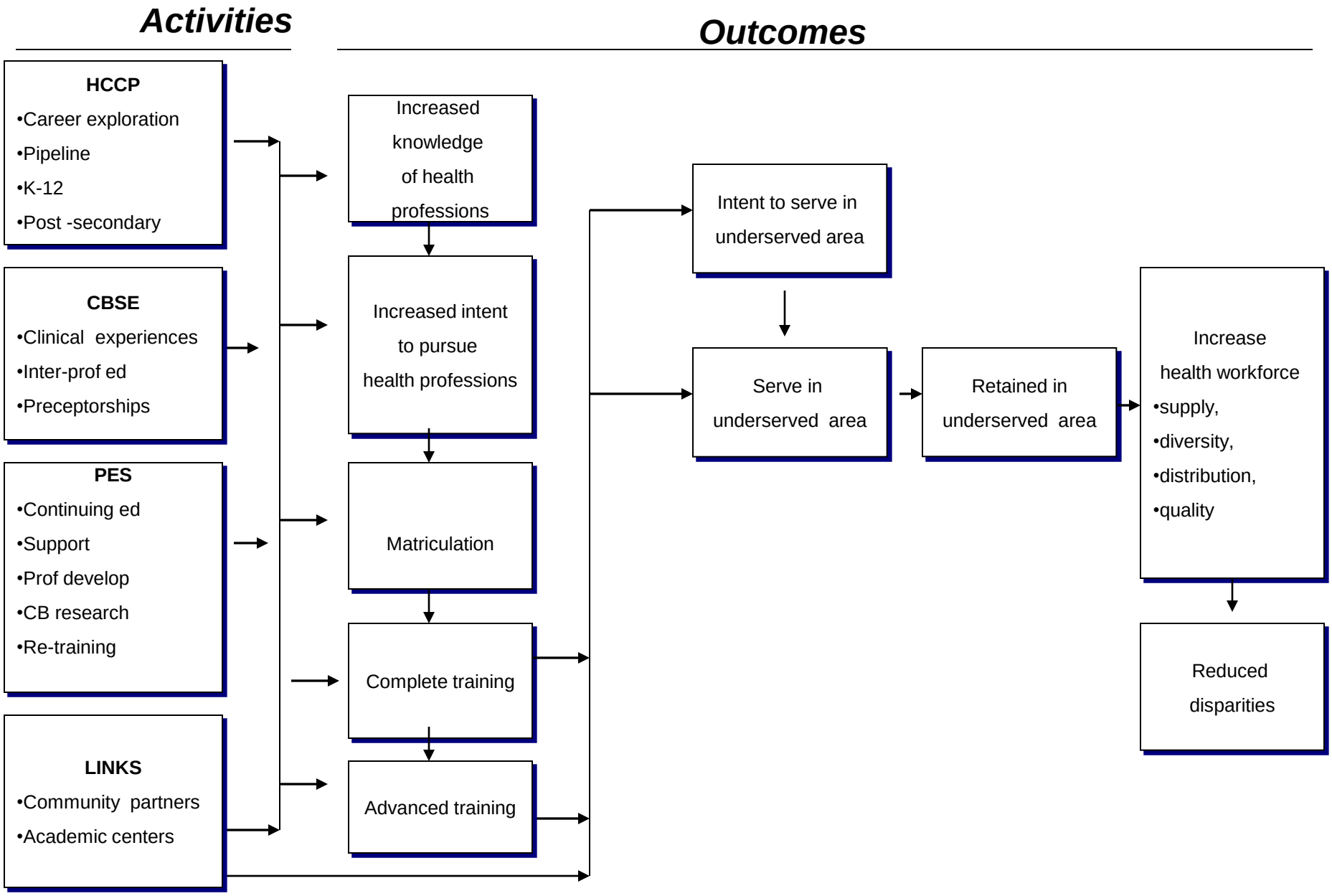
Effects/Outcomes

- Increased knowledge of health Professions
- Increased intent to pursue health professions
- Matriculation into health program
- Complete health training
- Complete advanced training
- Intent to serve in underserved area
- Serve in underserved area
- Retained in underserved area
- Improved health workforce: supply, diversity, distribution, quality
- Reduced disparities

Remember! Less is More…

- A simple table-format logic model may be all you need for many audiences
- BUT, for planning uses, lines and arrows can help
- Not a different logic model, just a different formatting of the same information to convey more sense of “cause” and relationship

AHEC—High-Level "Roadmap"



AHEC Model—Helps Frame Evaluations of Specific Projects

- High-level model is a general roadmap
- Specific projects might relate to some or all components of the roadmap
- Helps align projects with overall AHEC strategy and intent
- Two examples
  - Collegiate Health Service Corps
  - Transition to Residency

Collegiate Health Service Corps

- CHSC mission to expose undergraduates to health careers through service-learning experiences that offer health promotion and disease prevention services to underserved communities.
- Fall 2010: Trained 42 students from 4 schools using CHSC curriculum on diversity, communication, health disparities, professionalism and ethics, and health promotion/education.
- Students now completing service-learning in a heart attack and stroke prevention initiative that offers health screenings, workshops, and education to the community.
- With supervision from medical preceptors and AHEC staff, students conducted basic health screenings, such as blood pressure and blood glucose, for low income individuals. Other upcoming efforts as well with same hands-on approach
- Exposed to others who worked thru CHSC in past classes.
- Intent to expose students to folks passionate about improving community health and inspiring students to pursue their interests in the health fields
- Formidable tool in the development of a diverse primary care workforce.

CHSC—Activities and Outcomes

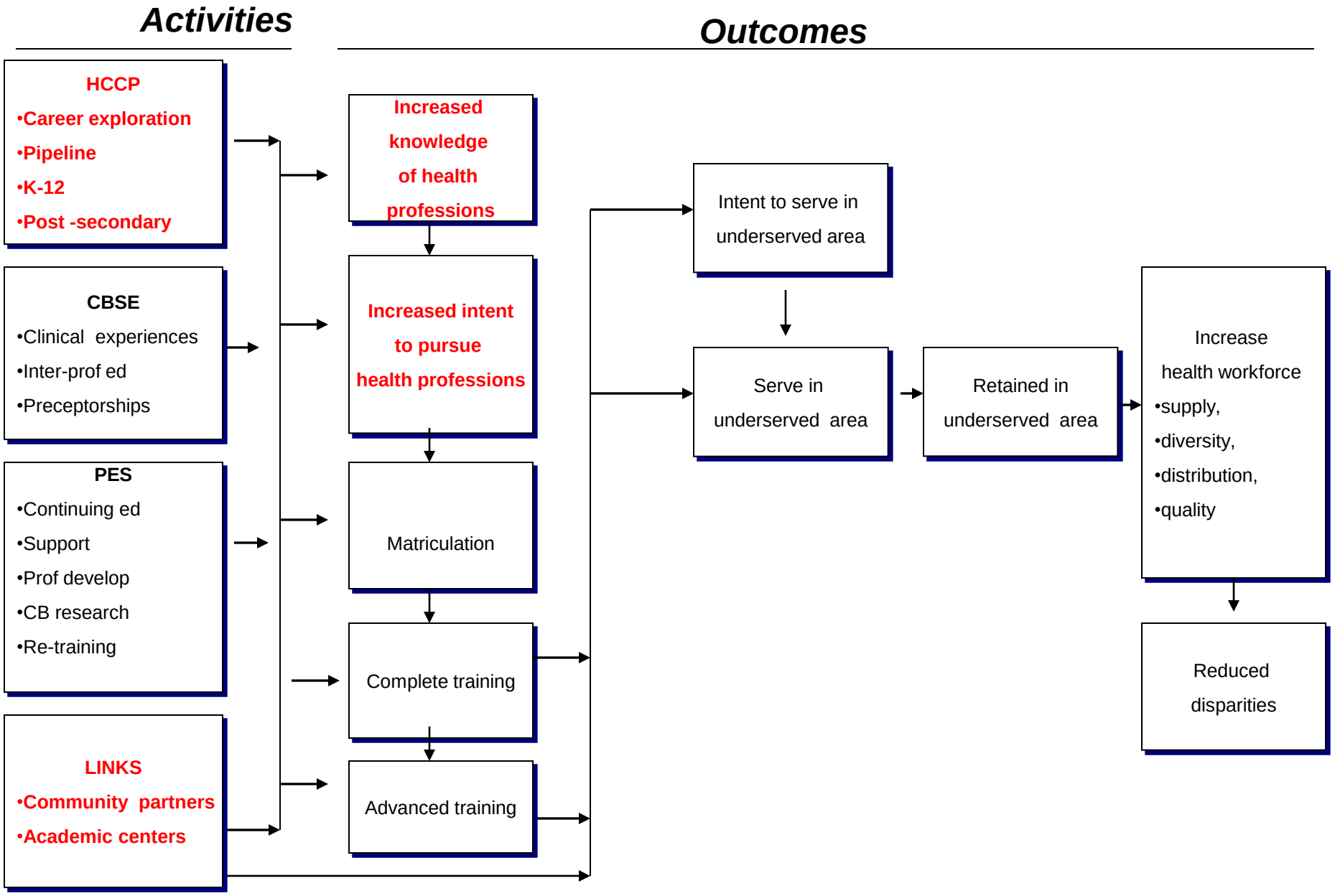
Activities

- Develop and offer curriculum on diversity, communication, health disparities, professionalism and ethics, and health promo/education.
- Develop and offer service learning opportunities
- Provide supervision

Outcomes:

- Students participate in program
- Students exposed to health careers
- Students learn about health promo and disease prevention services to underserved communities.
- Students do hands-on activities at sites
- Students interact with health professionals and “role models”
- Students inspired to pursue interests in health fields

AHEC—High-Level "Roadmap"—*CHSC* Emphasis



Transition to Residency Series

- Developed to supplement clinical training component for medical students. Presentations to educate beyond just the clinic and classroom.
- Advice to prepare them for successful rotations, residency application process, transition from student to resident, and, eventually, to physician. Includes pitch for Iowa as a place to live and practice.
- Topics include: making the most of each rotation and the year as a whole; requesting letters of recommendation, development of polished and professional application materials, residency program selection, and interview preparation. Also, legal issues in medical practice
- Offers assistance from AHEC staff throughout the process.
- Presenters selected intentionally to focus on primary care and rural or underserved patient populations and state/fed incentives for this.
- Hopefully lead to greater success in retention by going above and beyond standard rotation content.
- To date: Half of the students involved in the Transition to Residency Series have stated intentions to pursue careers in primary care and are considering Iowa-based residencies.

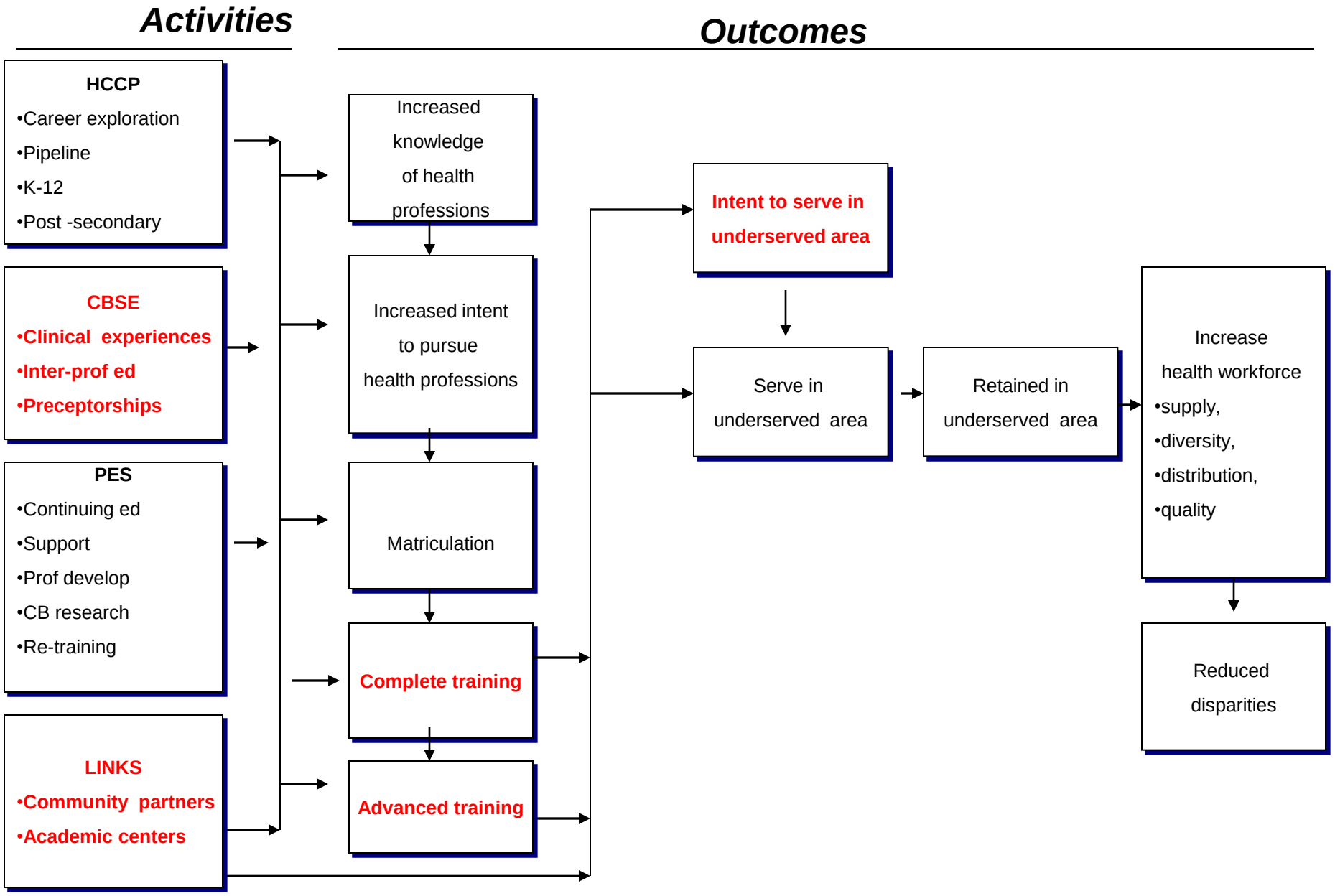
Transitions—Activities

- Presentations to medical students training in their service area:
  - Making most of rotations'
  - Letters of recommendation
  - Application materials
  - Residency selection process
  - Interview prep
  - Legal issues in medical practice
- Select appropriate/best presenters
- Promotion of Iowa as place to live and practice
- Promote AHEC staff as resource

Transitions—Outcomes

- Participants better prepared for successful rotations, the residency application process, the transition from student to resident, and, eventually, to physician.
- Participants know about opportunities in Iowa
- Participants know more about serving in primary care and rural or underserved patient populations, and federal and state financial incentive programs
- Increased retention of participants
- Increased intentions to pursue careers in primary care
- Increased desire to pursue Iowa-based residencies.

AHEC—High-Level "Roadmap"— *Transitions* Emphasis



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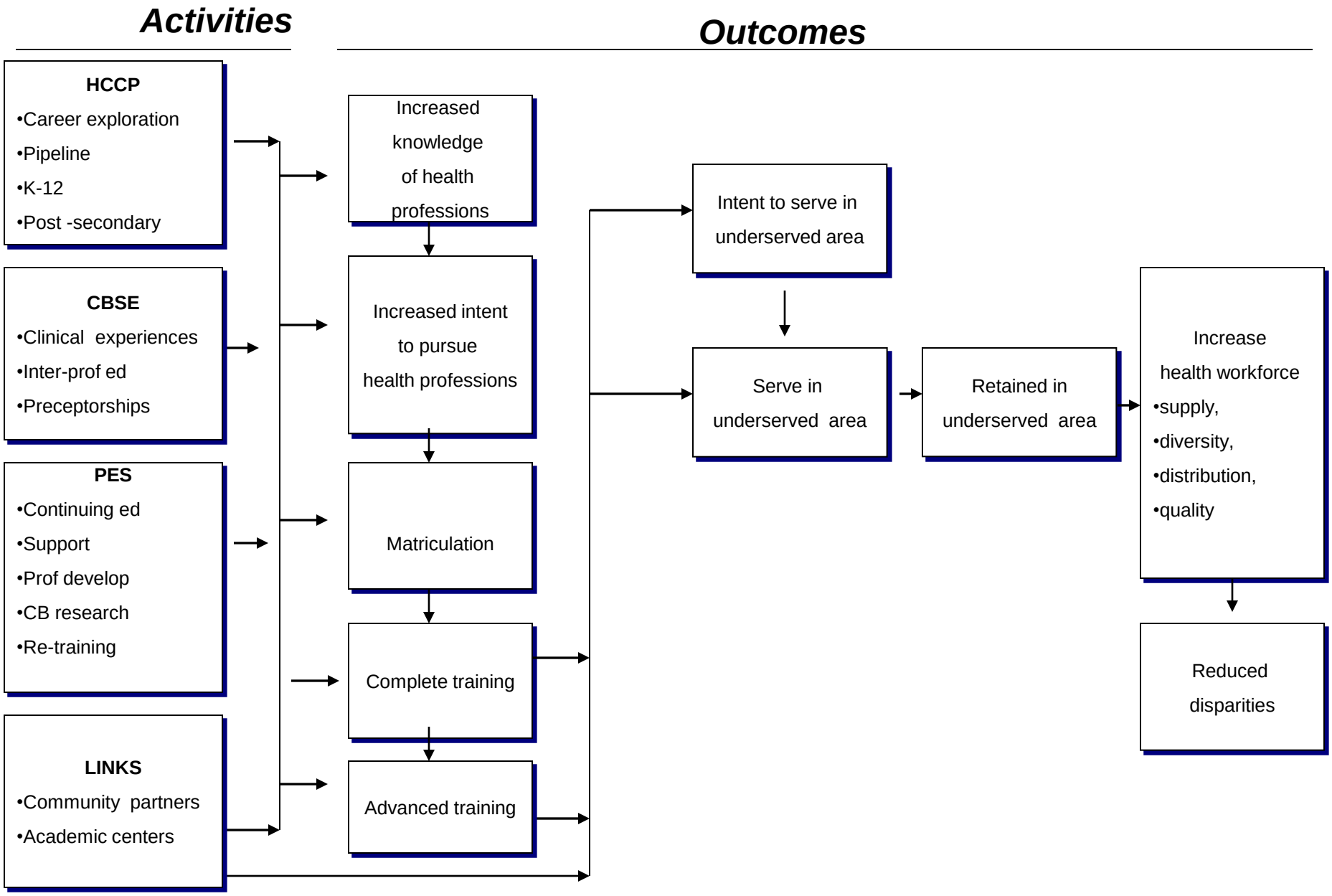


Reducing Fear and Loathing of Evaluation

Putting Your Logic Model to Use in Program Evaluation

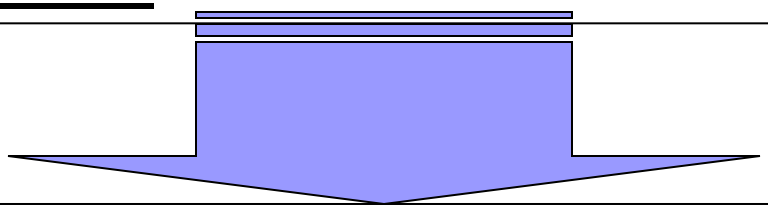
Step 1. Which Stakeholders Matter Most?

Who is:

Affected by the program?

Involved in program operations?

Intended *users* of evaluation findings?



Of these, who do we most need to:

Enhance *credibility?*

Implement program changes?

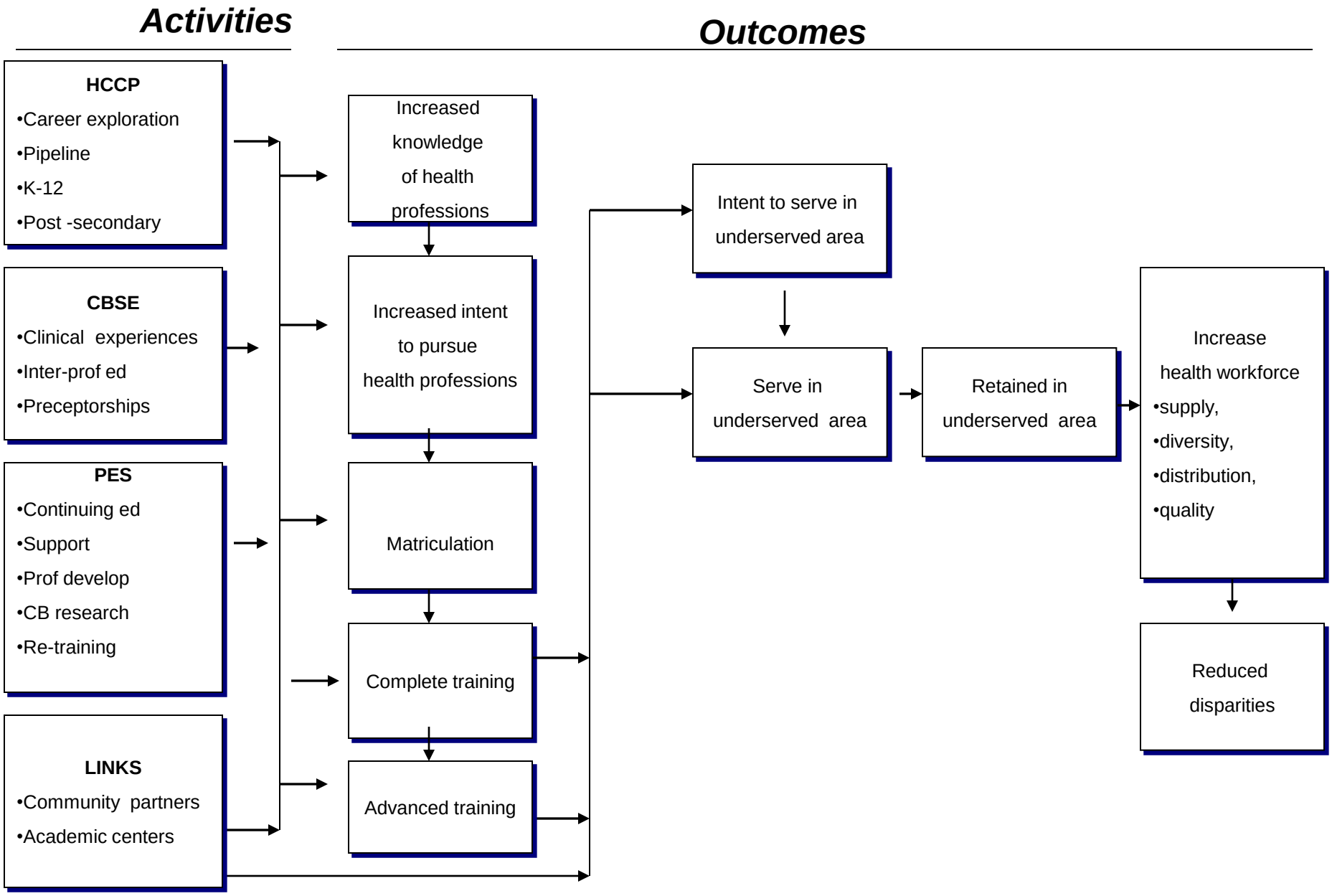
Advocate for changes?

Fund, authorize, expand program?

Stakeholders May Be Involved In…

- Describing the program and context
- Prioritizing evaluation questions
- Collecting data
- Interpreting findings and developing recommendations
- Implementing results

AHEC—High-Level "Roadmap"



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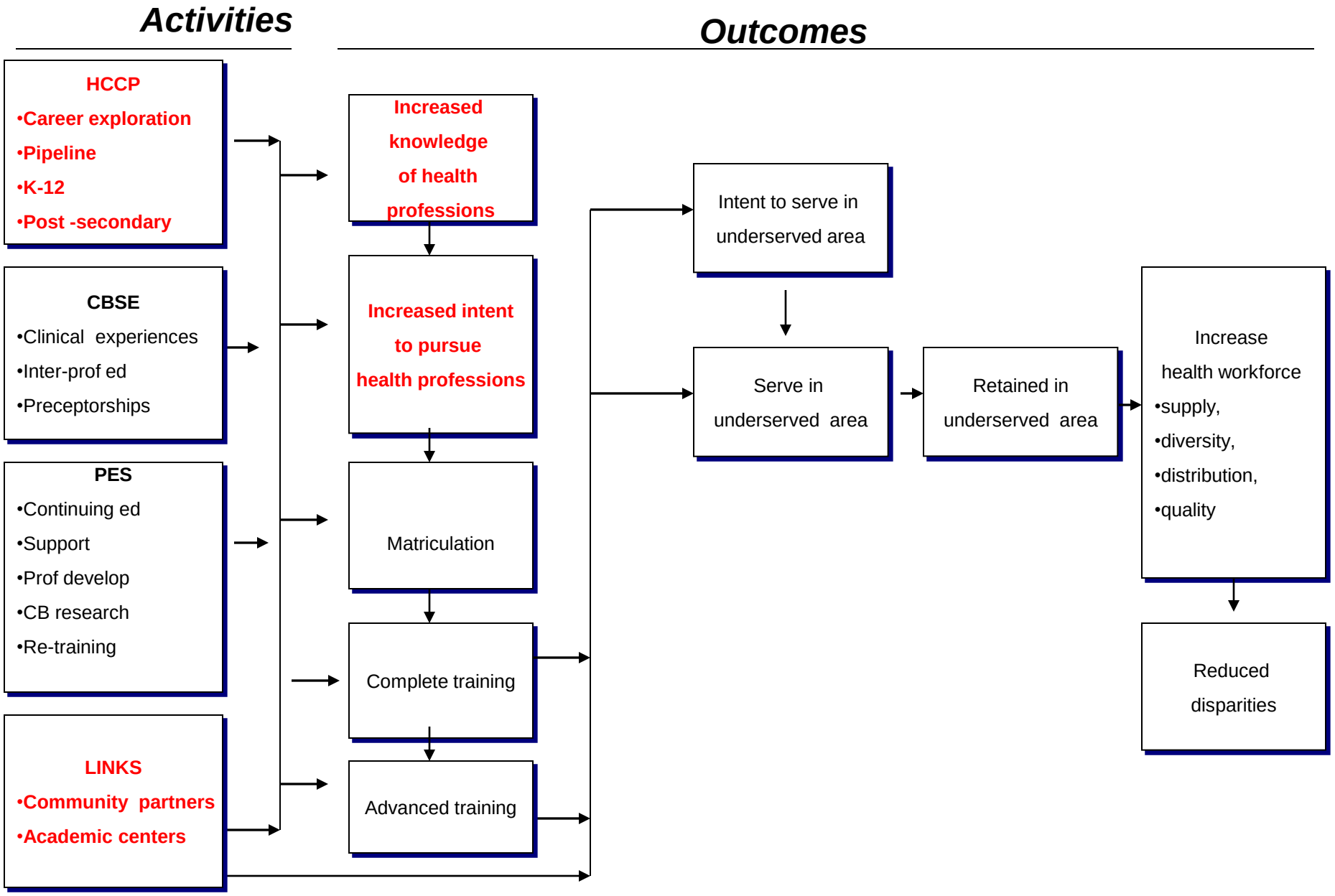

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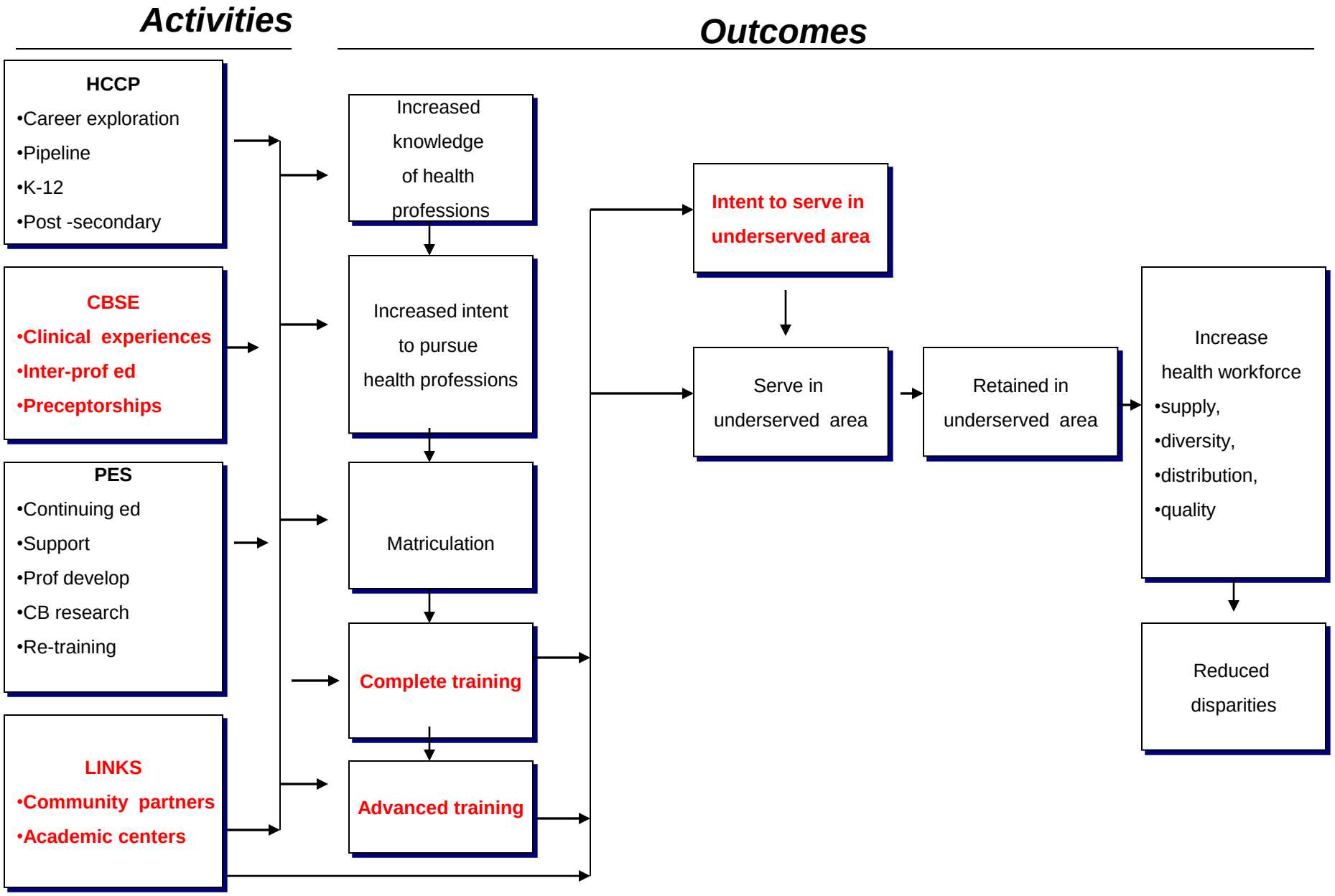
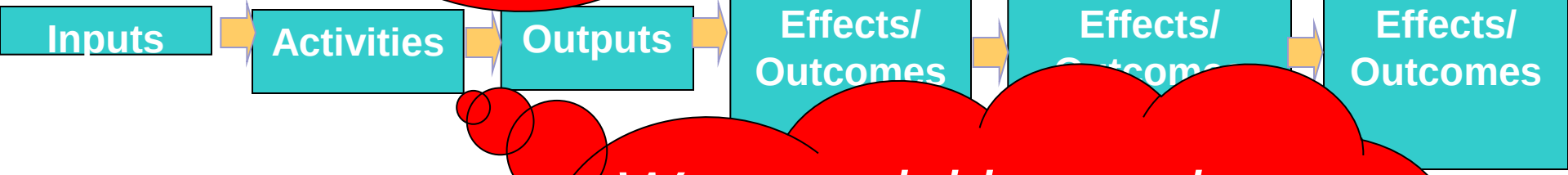


Step 3. Key Domains in Eval Focus

- Implementation (Process)
  - Is program in place as intended?
- Effectiveness (Outcome)
  - Is program achieving its intended short-, mid, and/or long-term effects/outcomes?
- Efficiency
  - How much “product” is produced for given level of inputs/resources?
- Causal Attribution
  - Is progress on outcomes due to your program?

Process Evaluation

Did we get the inputs we needed/were promised?

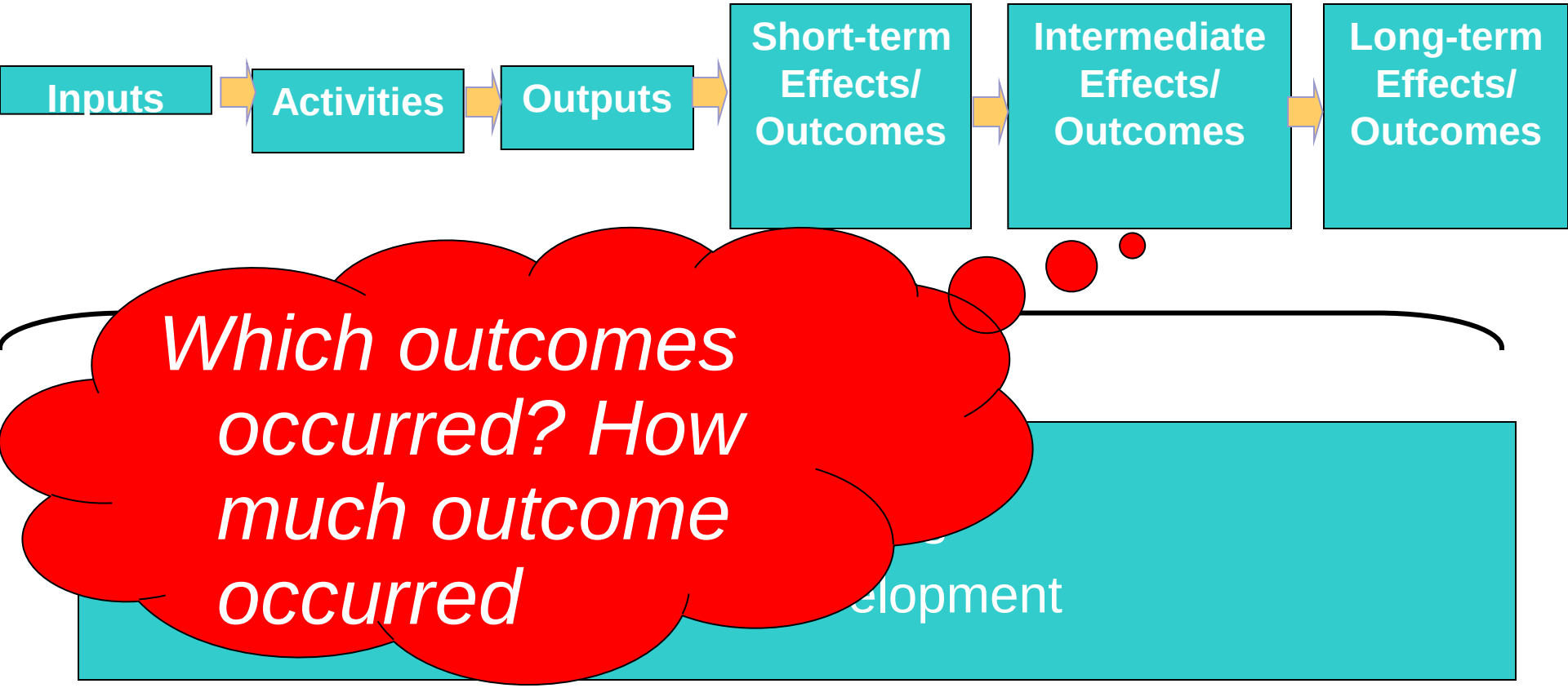


Were activities and outputs implemented as intended? How much? Who received?

Process Evaluation

- Are we doing what we intend to do?
- Are we doing it well?
- Are we using our resources effectively?

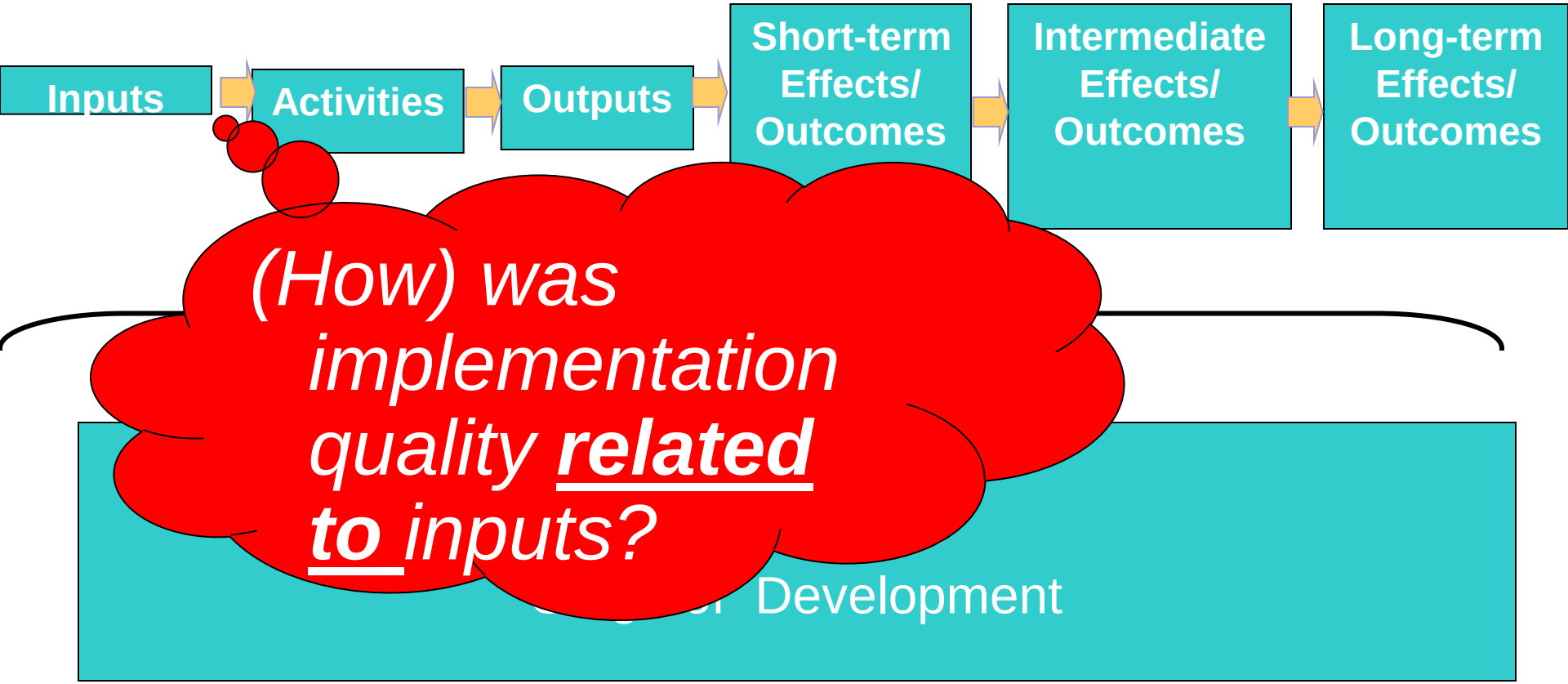
Outcome Evaluation



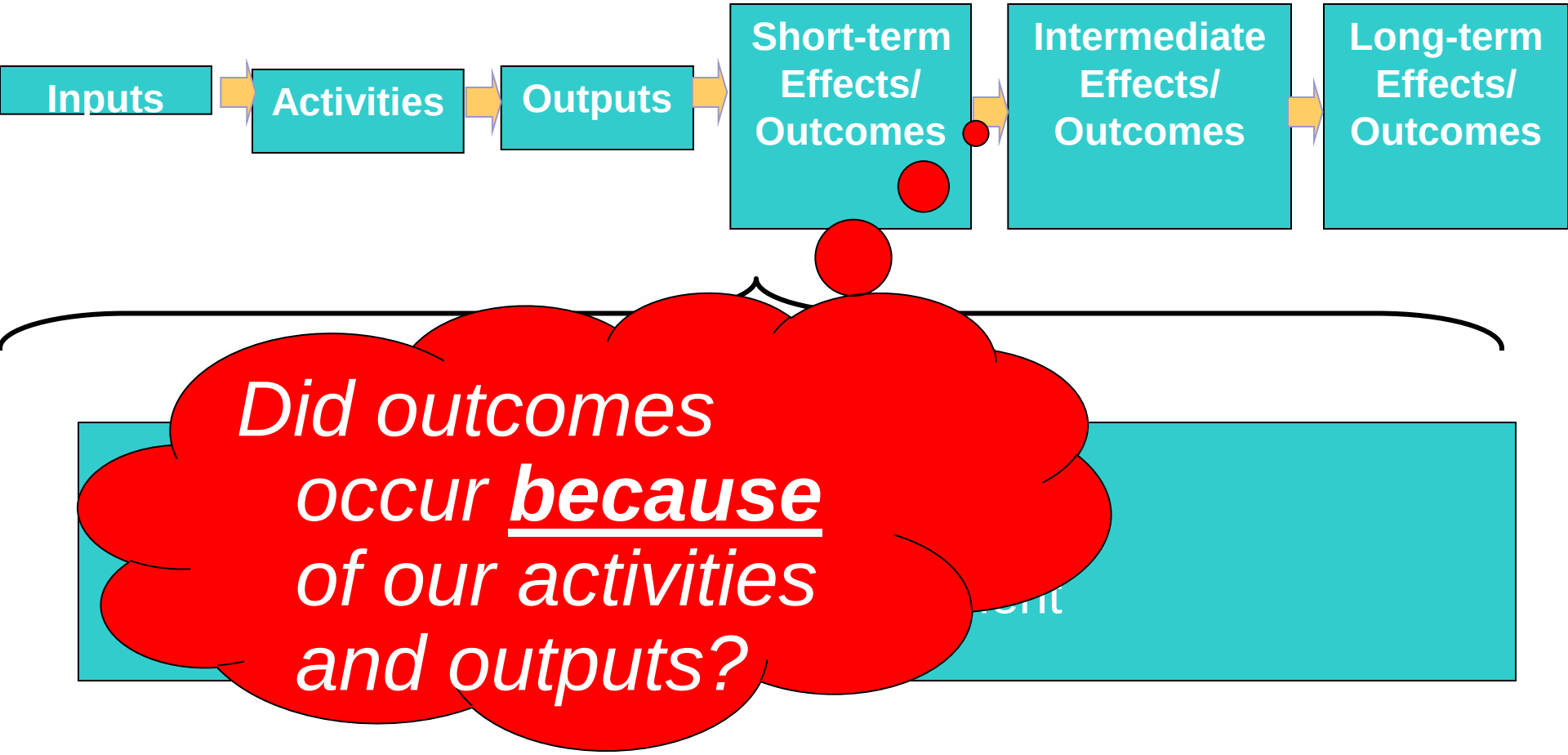
Outcome Evaluation

- Is the program driving change (improvement) for patients, community, or external partners?

Efficiency Evaluation



Causal Attribution



Setting Focus: Some Rules

Based on “utility” standard:

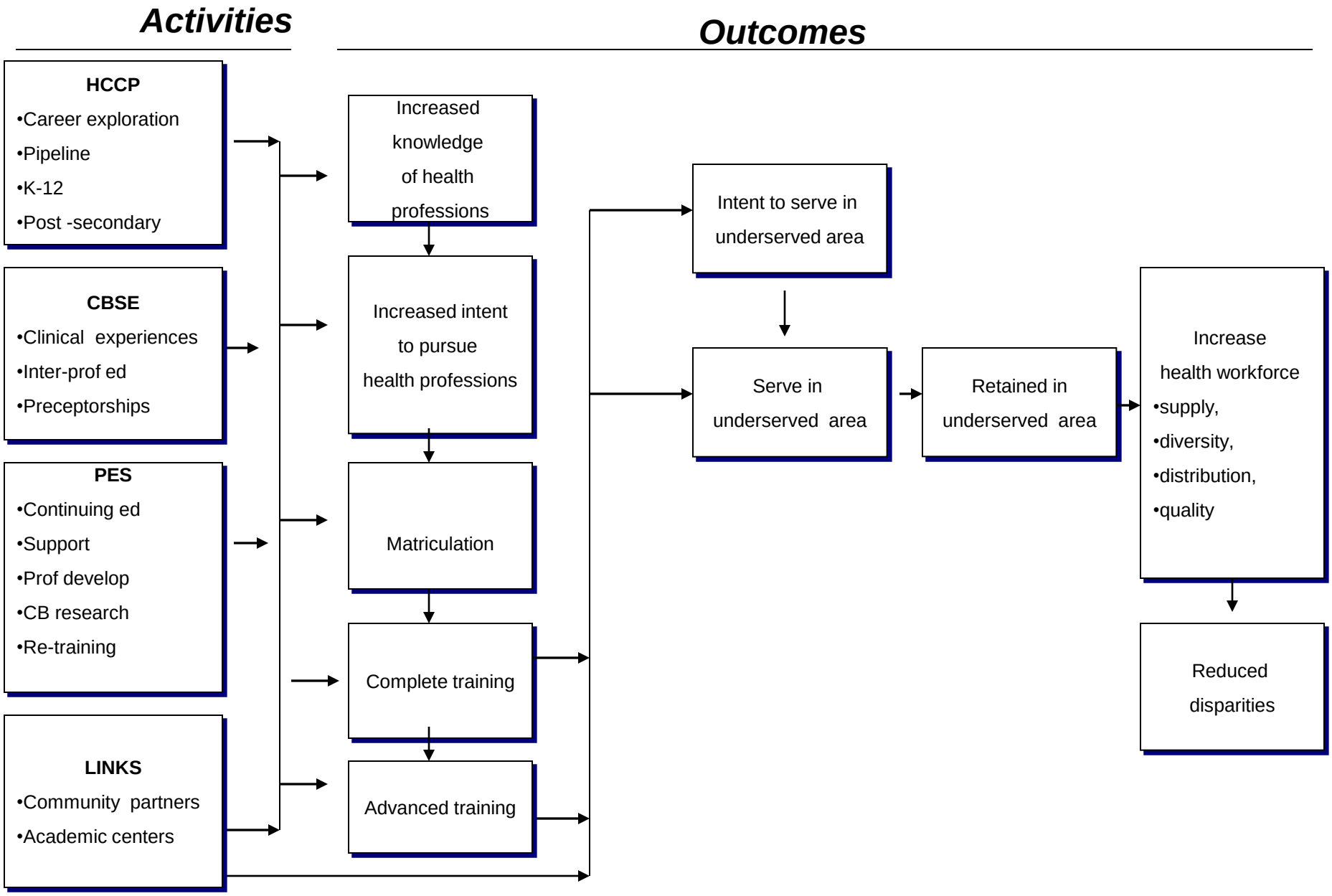
- ***Purpose/User:*** Who wants the info and what are they interested in?
- ***Use:*** How will they use the info?
- ***Needs of Key S’holders:*** What are key s’holders most interested in?

Setting Focus: “Reality Checking” the Focus

Based on “feasibility” standard:

- ***Stage of Development:*** How long has the program been in existence?
- ***Program Intensity:*** How intense is the program? How much impact is reasonable to expect?
- ***Resources:*** How much time, money, expertise are available?

AHEC—High-Level "Roadmap"



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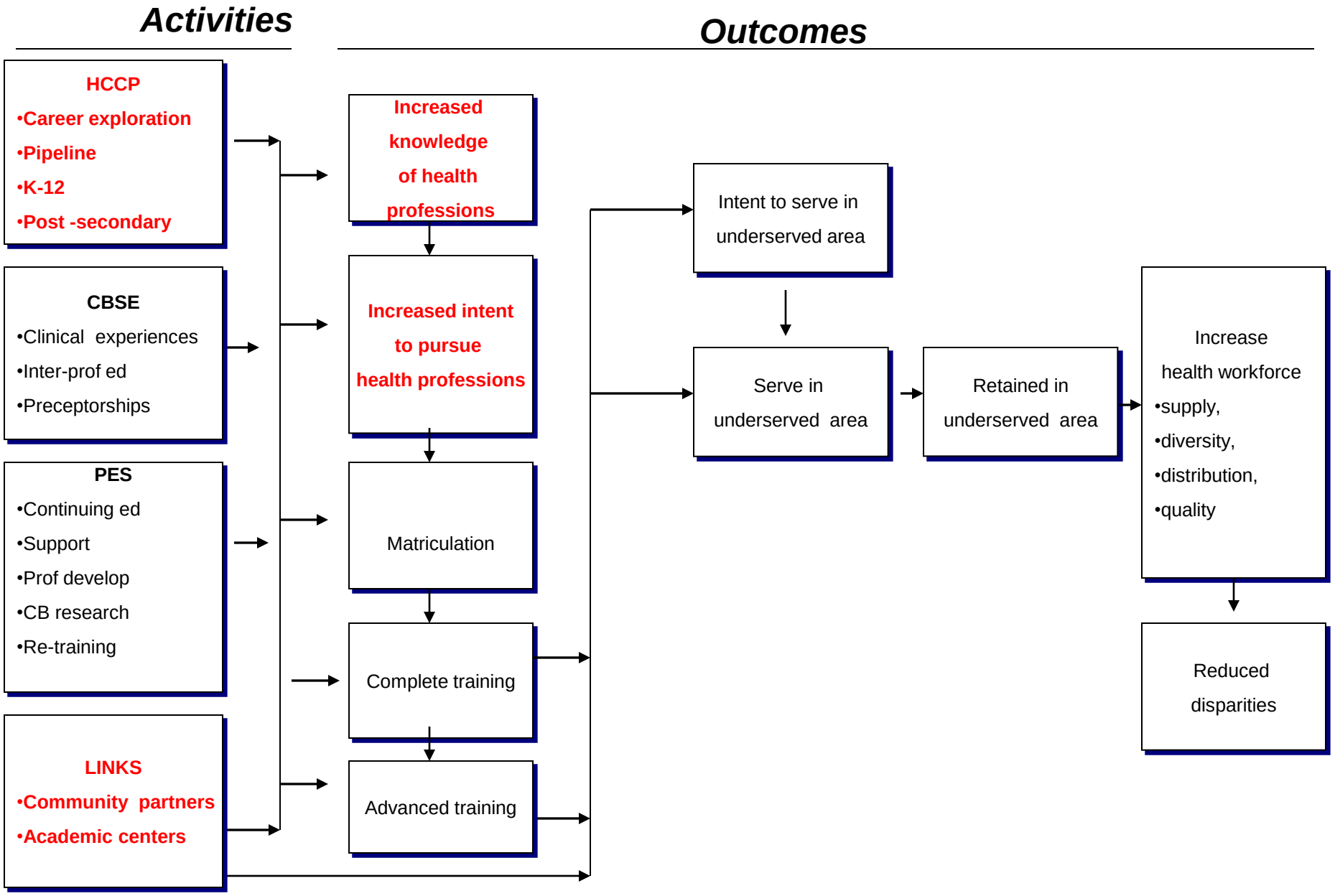
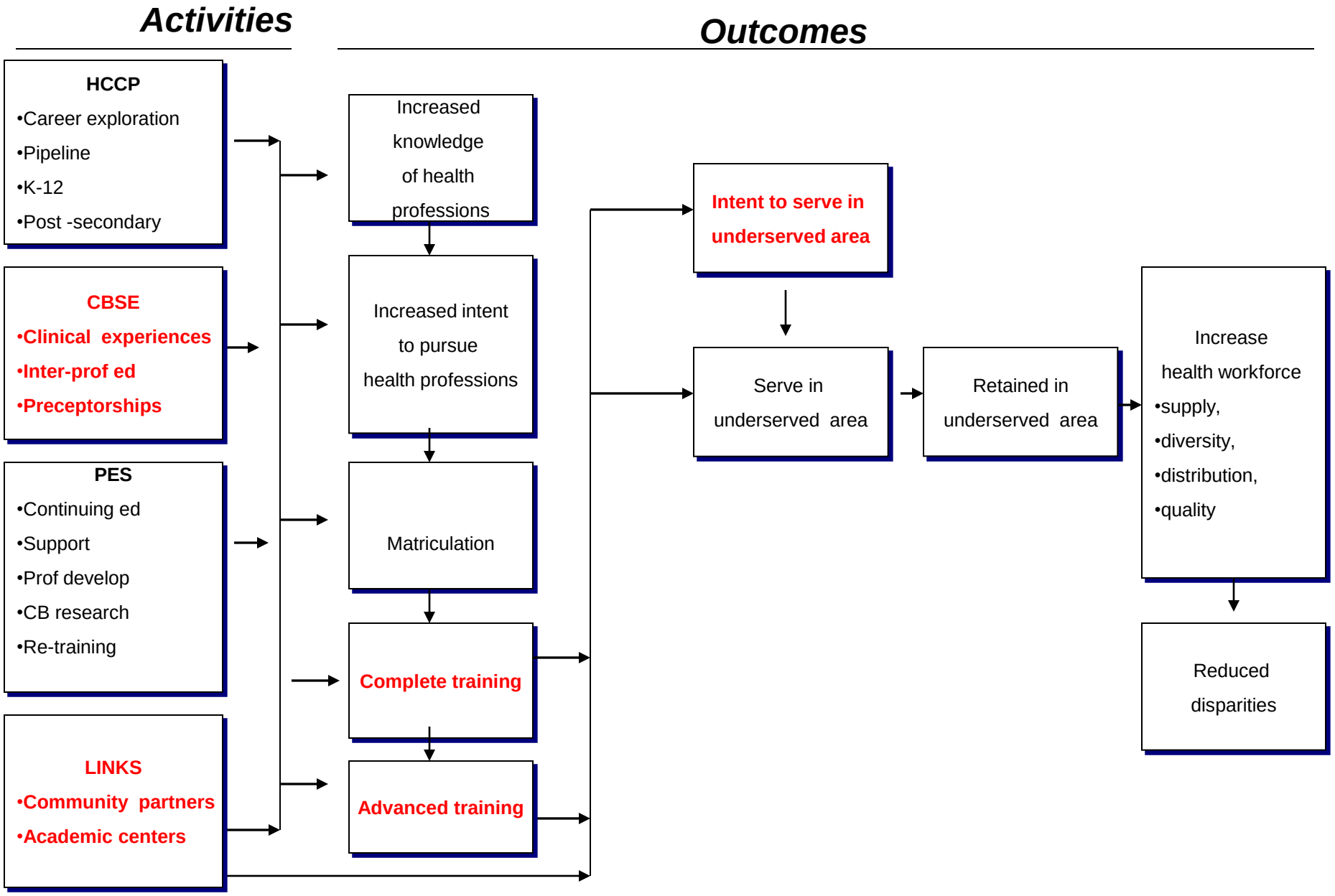


AHEC—High-Level "Roadmap"— *Transitions* Emphasis



Reducing Fear and Loathing of Evaluation

Next Steps

Where We've Been...

What we know:

- What our program is about
- Who cares about it besides us
- What we need to measure in short and long run

Where Next….

- Identify evaluation questions
- Define indicators and data sources for questions
- Analyze data
- Draw conclusions and results
- Turn results into action

But…

Later Steps Informed by Work of Earliest Steps….

Summary: Program Evaluation Helps Programs…

- manage resources and services effectively
- understand reasons for performance
- assess and improve existing program practices
- build capacity
- plan and implement new activities
- demonstrate the value of their efforts, and
- ensure accountability

For Further Information

CDC Evaluation Working Group
http://www.cdc.gov/eval

Thank you!

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